

**City of Albuquerque
Hiring Packet Check-off List**

Pool: _____

The following check-off list must accompany an employee's hiring packet.

Assemble the packet in the order of the list. All of the items must be turned in with the packet.

Be sure that all the forms are signed in the proper places to prevent delays in hiring.

Employee Name: _____

Address: _____

Phone Number: _____

SSN: _____

Date of Birth: _____

E-Mail: _____

☐ I-9 Form (proper signatures)

☐ Social Security Card with signature(copy)

☐ Drivers License(copy)

☐ W-4 Form (proper signatures)

☐ Seasonal/Temp Agreement

☐ Pera Form (proper signatures)

☐ Selective Service From(male 18-25)

☐ HS/College ID/Class Schedule(copy)

☐ Employment Checklist

☐ Back Ground Check Form

☐ Emergency Contacts

☐ Lifeguarding/First Aid/CPR/Water test(copy)

☐ Completed Online Application(Yes)

☐ Substance Abuse Consent Form(under 18)

☐ Medical History Form

Position name _____

Link #: _____

Hourly Rate _____

Job Code _____

LIFEGUARD EXP DATE: _____

CPR EXP DATE: _____

FIRST AID EXP. DATE: _____

WATER TEST DATE: _____

CASH HANDLING DATE: _____

Supervisor's Signature: _____

Date: _____

CITY OF ALBUQUERQUE
REQUIRED DOCUMENTS FOR SEASONAL/SUMMER HIRE

DATE: _____

NAME: _____

SSN: _____

☐ Completed process on HR Seasonal Job Applications Database

DOCUMENTATION SUBMITTED TO HUMAN RESOURCES FOR "SEAS & STUD" STATUS

- ☐ P1
- ☐ 1-9 *With appropriate identification
 - ☐ ~ NM Drivers License/NM Issued ID, etc. - *copy*
 - ☐ ~ Social Security Card - *copy*
- ☐ W-4
- ☐ Seasonal/Temp Agreement
- ☐ Pera Exclusion Form
- ☐ Selective Service Registration Form (for Males ages 18 through 25)
*Indicate N/A **IE** not applicable*

Job Code _____

Hourly Wage _____

Pay Unit _____

**** DO NOT submit applications or other documents to HR. ONLY provide items listed on this sheet.****

ADDITIONAL INFORMATION TO BE SUBMITTED TO HR IF "STUD" STATUS

- ☐ High School Picture ID or Class Schedule
- OR
- ☐ College Class Schedule (12 or more credit hours)

DOCUMENTS FOR PARKS & RECREATION: _____ EMPLOYMENT CHECKLIST, _____ EMERGENCY CONTACTS
LIFEGUARDING/FIRST AID, _____ CPR, _____ ONLINE APPLICATION

DOCUMENTATION TAKEN DIRECTLY TO THE HEALTH CLINIC and/or RISK MGT. BY DEPT

- ☐ City of Albuquerque Consent Form ~ **ORIGINAL** signature to RISK MGT (*Under Age 18*)
- ☐ Medical History Form ~ To **EMPLOYEE HEALTH CENTER** in sealed envelope

Please notify the applicant to bring a photo ID to their appointment.

I verified that this packet is complete and the on-line P1 has been created. _____

* Refer to I-9 for other accepted documentation.

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes,** for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification.

To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A_____ <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification.

To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification.

To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551 stamp or* attached *INS Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

OR

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:**
10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

AND

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)

Illustrations of many of these documents appear in **Part 8 of the Handbook for Employers (M-274)**

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</div></div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
(Note. Do not include child support payments. See Pub. 503 , Child and Dependent Care Expenses, for details.)		
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none">• If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.• If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2006
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

- 1** Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$150,500 (\$75,250 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \$10,300 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,550 \text{ if head of household} \\ \$5,150 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) **5** \$ _____
- 6** Enter an estimate of your 2006 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,300 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earner/Two-Job Worksheet (See *Two earners/two jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here **2** _____
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet **4** _____
- 5** Enter the number from line 1 of this worksheet **5** _____
- 6** **Subtract** line 5 from line 4 **6** _____
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9** Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others				
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above			
\$0 - \$42,000	\$0 - \$4,500	0	\$42,001 and over	32,001 - 38,000	6	\$0 - \$6,000	0			
	4,501 - 9,000	1		38,001 - 46,000	7	6,001 - 12,000	1			
	9,001 - 18,000	2		46,001 - 55,000	8	12,001 - 19,000	2			
	18,001 and over	3		55,001 - 60,000	9	19,001 - 26,000	3			
				60,001 - 65,000	10	26,001 - 35,000	4			
\$42,001 and over	\$0 - \$4,500	0		65,001 - 75,000	11	35,001 - 50,000	5			
	4,501 - 9,000	1		75,001 - 95,000	12	50,001 - 65,000	6			
	9,001 - 18,000	2		95,001 - 105,000	13	65,001 - 80,000	7			
	18,001 - 22,000	3		105,001 - 120,000	14	80,001 - 90,000	8			
	22,001 - 26,000	4		120,001 and over	15	90,001 - 120,000	9			
	26,001 - 32,000	5				120,001 and over	10			

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$500	\$0 - \$30,000	\$500
60,001 - 115,000	830	30,001 - 75,000	830
115,001 - 165,000	920	75,001 - 145,000	920
165,001 - 290,000	1,090	145,001 - 330,000	1,090
290,001 and over	1,160	330,001 and over	1,160

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to

the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





CITY OF ALBUQUERQUE
AGREEMENT FOR TEMPORARY OR
SEASONAL EMPLOYMENT

I, _____ understand and acknowledge that I am a temporary or seasonal employee for the City of Albuquerque and that my term of service will not exceed two (2) years if I am a temporary employee, or nine (9) months in a twelve (12) consecutive month period if I am a seasonal employee. I also understand that any other terms of employment I have had or may have with the City of Albuquerque as a temporary or seasonal employee do not infer or imply any permanent status or employment relationship with the City of Albuquerque and that I have no property right in my employment and may be terminated at the will of the City for any or no cause.

Applicant (Print Name)

Signature

Date

Social Security Number

Date of Birth

APPLICANTS UNDER THE AGE OF 18

I, _____ the parent or guardian of _____ understand and acknowledge that the above-named applicant is a temporary or seasonal employee for the City of Albuquerque and that his/her term of service may not exceed two (2) years if he/she is a temporary employee, or nine (9) months in a twelve (12) consecutive month period if a seasonal employee. I also understand that any other terms of employment he/she has had or may have with the City of Albuquerque as a temporary employee do not infer or imply any permanent status or employment relationship with the City of Albuquerque and that he/she has no property rights in their employment and may be terminated at the will of the City for any or no cause.

Parent or Guardian Signature

Date



PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 827-4670 fax (505) 827-4700 voice

www.state.nm.us/pera

EMPLOYEE EXCLUSION FROM PERA MEMBERSHIPInstructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing.Required fields are in BOLD *ITALICS***SECTION A - MEMBER INFORMATION****SOCIAL SECURITY NUMBER****FIRST NAME**

MI

LAST NAME**ADDRESS TYPE** ☐ PERMANENT ☐ TEMPORARY ☐ MAILING**HOME TELEPHONE NO.****ADDRESS**

BUSINESS TELEPHONE NO.

EMAIL ADDRESS

CITY**STATE****ZIP****SEX** ☐ MALE ☐ FEMALE**DATE OF BIRTH**

CITY OF BIRTH

STATE OF BIRTH

PLEASE review the employee exclusion categories on the reverse side of this form and check the box that applies to your application for exclusion. (CHECK ONE BOX ONLY)

- ☐ SEASONAL EMPLOYEE OR TEMPORARY EMPLOYEE ☐ PART-TIME EMPLOYEE ☐ PRIVATE RETIREMENT
☐ RETIRED MEMBER FROM ERA, JRA, OR MRA ☐ INDEPENDENT ☐ STUDENT EMPLOYEE
☐ RETIRED LEGISLATIVE WORKER ☐ CONTRACTOR

PERA retirees are no longer excluded from PERA membership as seasonal employees, temporary employees or part-time employees. PERA retirees should use the Application for A Reemployed PERA Retiree.

MEMBER CERTIFICATION

I understand that I am being excluded from PERA membership due to the exclusion category checked above. I also understand that and agree that being excluded under this designation will disqualify me for normal, disability, or survivor's retirement benefits under PERA, and that I will be ineligible to purchase such excluded service at a future date.

SIGNATURE OF MEMBER**DATE****SECTION B - TO BE COMPLETED BY EMPLOYER - CURRENT EMPLOYMENT INFORMATION****NAME OF EMPLOYER****MAILING ADDRESS****CITY****STATE****ZIP****DATE EMPLOYED** (mm/dd/ccyy)**EMPLOYER NUMBER****CURRENT POSITION****PLAN****EMPLOYER CERTIFICATION****AUTHORIZED SIGNATURE****DATE OF SIGNATURE** (mm/dd/ccyy)**TITLE****BUSINESS TELEPHONE NO.**

EMPLOYMENT CHECKLIST

Date In _____

Date Due _____

Last Name _____

First Name _____

Address _____

DOB _____

SSN _____

DL Number _____

Date

Specialist

MVD _____

CCH _____

Microfilm _____

Index _____

Juvenile _____

ACOPS(P600) _____

NEW WORLD _____

STATE _____

SEX OFF REG _____

NCIC WARR _____

WTS WARR _____

DIST CRT _____

DIST ATTY _____

METRO CRT _____

TRIPLE I _____

Crossing Guards Only

DEPT _____

Position/Program _____

New Hire _____

Re-Hire _____



City of Albuquerque Pre-Employment Medical/Substance Abuse Consent Form

Applicants under the age of 18

I hereby give permission for the below named applicant to be employed by the City of Albuquerque.

I hereby give my permission to the City of Albuquerque to refer the below named applicant for a complete medical examination and if necessary a TB skin test.

I understand the City of Albuquerque is a drug free workplace. I hereby give permission for the City of Albuquerque to give the applicant a substance abuse test in accordance with the City of Albuquerque Substance Abuse Policy dated December 10, 1999, including pre-employment, random, post accident and/or reasonable suspicion testing.

I hereby give the City of Albuquerque permission to refer the below named applicant for treatment of a work related injury or occupational disease.

Applicant (Print Name)

Signature

Social Security Number

Date of Birth

Parent or Guardian Signature

Date

UNDER 18

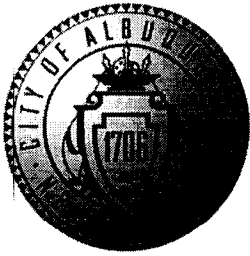
ALBUQUERQUE POLICE DEPARTMENT BACKGROUND INVESTIGATION WAIVER AND LIABILITY RELEASE FORM

In consideration of the Agency, Albuquerque Police Department, processing my application for employment, I, _____, hereby irrevocably to the following:

1. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
2. I understand that a background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Agency, in its sole discretion, may deem appropriate, including: criminal or other Governmental files and records, past and present employers, and any other source of information available.
3. I hereby release from liability and agree to hold harmless; under any and all possible Causes of legal action, including negligence, the City of Albuquerque, Bernalillo County, the Albuquerque Police Department Identification Unit, the Agency and any of its officers, agents or employees for any negligent or wrongful statements, acts, omissions made or recorded in the course of my background investigation.
4. I hereby release from liability and agree to hold harmless under any possible cause of Legal action, including negligence, any person or entity which furnishes information or opinions to the Agency as a part of my background investigation.
5. I authorize any person or entity contacted by the Agency during the course of my background investigation to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
6. I understand the need for confidentiality of sources and information in my background investigation and I expressly agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Agency.

This release applies to any cause of action of any nature that might accrue to myself.

_____ Signature of Applicant	_____ Date of Birth	_____ Social Security
_____ Street Address	_____ Parent or Guardian Signature	_____ Date
_____ City/Town State Zip		



City of Albuquerque

Employee Statistical/Emergency Contact Data Form

In order to comply with Federal/State Equal Employment Opportunity and statistical record keeping requirements, we require the following information:

PLEASE PRINT

Statistical Data (required):

Name: _____

SSN: _____ - _____ - _____

Birth Date: _____ / _____ / _____
Month/Day/Year

Sex: Male _____ Female _____

Ethnic Group: (check one)

American Indian/Alaskan Native _____ Asian/Pacific Islander _____

Hispanic _____ Black _____ White _____

Other _____ Please Specify _____

Emergency Contact Data (required):

Name: _____ Relationship: _____

Physical Address: _____

Daytime Phone: _____ Evening Phone: _____

Personal Data (optional):

Cell Phone: _____ E-mail Address: _____

Pager Number: _____ Other Phone: _____

Signature: _____ **Date:** _____

In accordance with the City of Albuquerque Personnel Rules & Regulations, Chapter 1006:

"Employees are responsible for keeping their personnel records updated. This includes, but is not limited to education, experience, address, phone number and emergency notification information.



City of Albuquerque

Medical and Occupational History (Under 18)

Return Completed form to

Employee Health Center

Located on the basement level of Old City Hall

400 Marquette NW

768-4630

This physical exam is intended to verify your physical capability to perform the job for which you are being hired. It is not intended to take the place of exams given by your personal physician.

Name: _____ Date: _____
(Last) (First) (Initial)

Social Security Number: _____ Date of Birth: _____

Reason for Exam: Post-Offer _____ Annual _____ Other _____

Who is currently your primary health care physician? Name: _____

Please check any of these items to which you have had exposures or needed medical treatment.

- | | | | |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> PCB, PBB | <input type="checkbox"/> Vapors/Gases | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blood/Body Fluids | <input type="checkbox"/> Metals (Fumes/Dusts) | <input type="checkbox"/> Vibration | |
| <input type="checkbox"/> Dusts | <input type="checkbox"/> Noise | <input type="checkbox"/> Heat/Cold Exposure | |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Carcinogens | <input type="checkbox"/> Pesticides | |

If ***YES*** to any of the above, describe below including a complete description of the exposure, dates of occurrences and name of physician who treated you. Also list place of employment, if exposure occurred in a work environment.

-
-
-
1. Have you ever been injured on the job in any way?..... ☐ Yes ☐ No
 2. Have you ever gotten sick in any way from something you worked with on the job ?..... ☐ Yes ☐ No
 3. Has your work ever caused problems with your joints (wrists, hands, knees, etc), your back, or skin?..... ☐ Yes ☐ No
 4. Have you had any hobbies or jobs in which you use chemicals, metals, loud machines or tools, firearms, music amplifiers or other hazardous substance?..... ☐ Yes ☐ No.
 5. Have you ever claimed Worker's Compensation Benefits? If ***YES***, explain below..... ☐ Yes ☐ No
-
-

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 6. | Have you ever had to terminate any job for health reasons?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Have you ever had to transfer from one job to another or change job duties for health reasons?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Have you ever been refused any job for health reasons?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Has a doctor ever placed restrictions on the kind of work you should do?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Has a doctor ever placed restrictions on your lifting, bending, twisting, walking, standing, sitting or using your hands, arms or back?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Have you ever had a back injury or experienced back pain or back strain?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Have you ever filed a lawsuit for any injury?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ALLERGIES

List any allergies you have to drugs, foods, pollen, etc.

REVIEW OF SYSTEMS

Indicate whether or not you have a health problem or have had in the past a problem that falls under any of the numbered categories listed below. If you answer is **"YES"** check the phrases under each category that best describe the problem. Explain in detail at the end of the section.

- | | | | |
|------------------------------|-----------------------------|----|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. | Problem with overall fitness and feeling of well-being?
<input type="checkbox"/> Unexplained Fever <input type="checkbox"/> Unexplained Weight Loss/Gain <input type="checkbox"/> Unusual Sweating
<input type="checkbox"/> Weakness <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. | Problem with Skin?
<input type="checkbox"/> Recurrent or Persistent Rash <input type="checkbox"/> Unexplained itching <input type="checkbox"/> Eczema
<input type="checkbox"/> Allergic Skin Rash <input type="checkbox"/> Acne <input type="checkbox"/> Psoriasis
<input type="checkbox"/> Dry Cracked Skin <input type="checkbox"/> Yellow Color |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. | Problem with Blood or Bleeding?
<input type="checkbox"/> Anemia (Low Blood Count) <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Bruising
<input type="checkbox"/> Bleeding Trait |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. | Problems with Diabetes? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. | Problem with Muscles, Joints, Back?
<input type="checkbox"/> Painful, Stiff or Swollen Joints <input type="checkbox"/> Arthritis <input type="checkbox"/> Gout
<input type="checkbox"/> Back Pain <input type="checkbox"/> Back injury <input type="checkbox"/> Sciatica <input type="checkbox"/> Sore Muscles |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. | Problem with Eyes or Vision?
<input type="checkbox"/> Wear Glasses/Contacts <input type="checkbox"/> Loss of Vision <input type="checkbox"/> Lazy Eye
<input type="checkbox"/> Glaucoma <input type="checkbox"/> Cataracts <input type="checkbox"/> Yellow eyes |

- ☐ Yes ☐ No
7. **Problem with the Ears or Hearing?**
☐ Ringing or Buzzing in the Ears ☐ Loss of Hearing ☐ Ear Infections
- ☐ Yes ☐ No
8. **Nose and Throat Problems?**
☐ Sinus Trouble ☐ Hay Fever ☐ Recurrent Sore Throats
- ☐ Yes ☐ No
9. **Breathing or Lung Problems?**
☐ Shortness of Breath ☐ Persistent Cough ☐ Bronchitis ☐ Tuberculosis
☐ Coughing up Blood ☐ Coughing up Sputum ☐ Wheezing (Asthma)
- ☐ Yes ☐ No
10. **Problem with the Heart or Blood Vessels?**
☐ Rheumatic Fever ☐ Heart Murmur ☐ Palpitations ☐ Chest Pain
☐ Phlebitis ☐ Heart Attacks ☐ Angina ☐ Heart Failure
☐ Varicose Veins ☐ Unusually Rapid Heart Beat
- ☐ Yes ☐ No
11. **High Blood Pressure?**
- ☐ Yes ☐ No
12. **Problem with the Stomach, Liver or Bowels?**
☐ Stomach/Abdominal Pain/Discomfort ☐ Stomach Ulcer
☐ Blood in Stool ☐ Cirrhosis ☐ Recent Change in Bowel Habits
☐ Hepatitis ☐ Heartburn ☐ Gallbladder Trouble
☐ Persistent Diarrhea ☐ Hernia ☐ Yellow Jaundice
- ☐ Yes ☐ No
13. **Problem with the Bladder or Kidneys?**
☐ Urine Infection ☐ Frequent Urination ☐ Kidney Stone ☐ Painful Urination
☐ Blood in the Urine ☐ Difficulty Urinating ☐ Kidney Failure
- ☐ Yes ☐ No
14. **(WOMEN) Are you pregnant now?**
- ☐ Yes ☐ No
15. **Problems with the Nervous Systems?**
☐ Seizures or Convulsions ☐ Headaches ☐ Fainting or Blackouts
☐ Numbness or Loss of Sensation ☐ Weakness of Arm or Leg ☐ Stroke
- ☐ Yes ☐ No
16. **Emotional or Mental Problems?**
☐ Depression ☐ Anxiety ☐ Nervous Breakdown
- ☐ Yes ☐ No
17. **Any other Problem with Pain?**
☐ Pain/Discomfort in the Chest ☐ Pain in the Arms, Wrists, Legs, or Back
- ☐ Yes ☐ No
18. **Any Swelling in the Legs?**

HEALTH MAINTENANCE RECORD

Are you now under the care of a physician for a health condition? ☐ Yes ☐ No

If **YES**, what is the condition(s)? _____

When did you last have any of the following?

	Date	Where	Results (if applicable)
Physical Exam			
Eye Exam			
Chest X-Ray			
Back X-Ray			
Other X-Rays/ MRI			
Tetanus Shot			
Skin Test for TB			
Hepatitis Vaccine			

Have you ever received instruction in back care and lifting techniques? ☐ Yes _____ ☐ No _____
(Date)

PAST MEDICAL HISTORY

Have you ever been hospitalized? ☐ Yes ☐ No
Do you have any physical impairments? ☐ Yes ☐ No
Were you born with any physical defects? ☐ Yes ☐ No
Have you ever had surgery? ☐ Yes ☐ No
Have you ever broken a bone? ☐ Yes ☐ No

If ***YES*** to any of the above, list the specific details including dates and names of treating physician.

FAMILY HISTORY

Have any of your parents, brothers and/or sisters ever had?

☐ High blood pressure
☐ Cancer

☐ Heart Problems
☐ Bleeding disorder ☐ Mental disorder

☐ Stroke

☐ Diabetes
☐ Alcoholism

MEDICATIONS

List any medicines including over the counter medicine you are taking?

REVIEW (CONT)

☐ Yes ☐ No

21. History of any kind of Cancer?

☐ Yes ☐ No

22. Persistently Swollen Lymph Glands?

☐ Yes ☐ No

23. Problem with the Thyroid Gland?

☐ Yes ☐ No

24. Any other Health Problems?

Use this space to explain any problem or to complete other sections as needed.

I certify the information contained in this record is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement in this record shall be deemed sufficient cause for rejection of my application or dismissal after employment. I understand I shall be entitled to no future worker's compensation benefits if I knowingly and willfully conceal or make false representation about the information requested. I understand that the City of Albuquerque will rely on this Medical and Occupational History.

I AUTHORIZE THE CITY OF ALBUQUERQUE, NOW AND IN THE FUTURE, TO OBTAIN ANY MEDICAL RECORDS WHICH ARE REASONABLY RELATED TO MY ABILITY TO DO MY JOB.

To ensure compliance with Right to Privacy Laws, this form must be sealed in the envelope provided and hand delivered to the Employee Health Center on the day of your physical, and /or drug test. If pre-employment requirements do not include a physical and/or drug test this form must be hand delivered to the Employee Health Center prior to your first day of work.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

(Signature of Applicant)

(Date)